

## joint replacement

1. Age
2. Race
3. Gender
4. Medical History Separate With Commas
5. Surgeons Name
6. Operated Extremity
7. Date Of Surgery
8. Surgeons Last Name
9. Procedure Performed
10. Ebl
11. Unit Name
12. Medical Doctor
13. Comorbid
14. Assistance Level

# joint replacement

Pt is a \_\_\_\_\_ age \_\_\_\_\_ yo \_\_\_\_\_ race \_\_\_\_\_ gender \_\_\_\_\_ with a history of \_\_\_\_\_ medical history separate with commas \_\_\_\_\_. Pt presented to \_\_\_\_\_ Surgeons name \_\_\_\_\_ with progressively worsening pain in their \_\_\_\_\_ operated extremity \_\_\_\_\_. Pt tried and failed all conservative treatment including injections, therapy, and activity modification. Pt was cleared for surgery and on \_\_\_\_\_ date of surgery \_\_\_\_\_, Dr. \_\_\_\_\_ surgeons last name \_\_\_\_\_ performed a \_\_\_\_\_ procedure performed \_\_\_\_\_. Surgery was uneventful with an EBL of \_\_\_\_\_ EBL \_\_\_\_\_. Pt was transferred to \_\_\_\_\_ unit name \_\_\_\_\_ for medical management and recovery.

Dr. \_\_\_\_\_ medical doctor \_\_\_\_\_ was consulted for medical management of \_\_\_\_\_ comorbidities \_\_\_\_\_.

Therapy was consulted to evaluate and treat. Per therapists, pt requires \_\_\_\_\_ assistance level \_\_\_\_\_ for a variety of tasks including bed mobility, transfers, ambulation and ADLs. Pt is appropriate for inpatient rehab and can complete 3 hours of therapy on a daily basis. Therapists and MDs agree that pt requires inpatient rehab for carryover physical progression and medical management. Pt would not recover in a less intensive setting.